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## BIB DATA SHEET

CONFIRMATION NO. 1136

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/595,977	06/14/2007	604	4148	29985/05-121		
<b>RULE</b>						
<b>APPLICANTS</b> Mark Ashby, Laguna Niguel, CA; Roy D. Bertolet, Ormond Beach, FL; Andrew H. Cragg, Edina, MN; Tin Trong Tran, Anaheim, CA;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/39588 11/24/2004 which claims benefit of 60/525,355 11/25/2003						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/27/2007						
Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	CA	18	18	3
Verified and Acknowledged	/MARK F MASHACK/ Examiner's Signature					
<b>ADDRESS</b>						
MILLER, MATTHIAS & HULL ONE NORTH FRANKLIN STREET SUITE 2350 CHICAGO, IL 60606 UNITED STATES						
<b>TITLE</b>						
Hemostatic Pressure Plug						
<b>FILING FEE RECEIVED</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		
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